

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/509204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		①					56						
7		①					57						
8		①					58						
9		1					59						
10		1					60						
11		1					61						
12		2					62						
13		2					63						
14		①					64						
15		①					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		①					73						
24		①					74						
25		①					75						
26		①					76						
27		①					77						
28		1					78						
29		①					79						
30	1						80						
31		1					81						
32		2					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		1				TOTAL IND.						
TOTAL DEP.	36		0				TOTAL DEP.						
TOTAL CLAIMS	38		1				TOTAL CLAIMS						